

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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PLEASE PRINT

OCT 25 2017

I. Name of Lobbyist(s) Susan H. Paschell ; James P. Monahan	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist'	s partnership, firm or corporation, if any:	
The Dupont Group		
(Name of partnership, firm	or corporation)	1 22 - 11
114 N Main St. Suite	401 Concord, NH 03301	
	Town/City) (State) (Zip Code)	
(603)228-3322	(603) 228-0713	e-mail jmonahan@dupontgroup.com
(Telephone)	(Fax)	-man Imonanan a duponigi oup.com
expense transactions	overs: (Choose one – file separate reports for each which are not attributable to any one client). Tansactions occurring in the month prior to the repo	ch client, OR you may file a separate report for reportable reting date relative to the following client:
Community Behavio	ral Health Association (Full Name of Client as it appears on the	Lobbyist Registration Form)
<u>OR</u>		,
All reportable tran		amily), or the lobbying firm listed below which are unrelated
IV. Date of Report Reports cover	April 26, 2017 activity from date of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17
	October 25, 2017 X activity from 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 12/31/17
V. There have been If this box is checked, 03301.	no fees received and no reportable transactions to complete just this form and submit it to the Secreta	made since the last report. The state is Office, State House, Room 204, Concord, NH The state is Office, State House, Room 204, Concord, NH
VL Check if addition If you have receiv	nal reports are attached: ed fees or made expenditures, you must file Adden	dum A– Fees and Expenses
☐ If you have paid a Reimbursement	n honorarium or reimbursed expenses, you must fil	e Addendum B- Report of Honorariums or Expense
☐ If you, your firm,	or your family has made political contributions, yo	u must file Addendum C-Political Contributions.
I have read RSA 15, I best of my knowledge	e and belief.	that the foregoing information is true and complete to the
pasaut. 4	Paschell	
(Signature of lobbyist)		10/25/2017 (Date)
Susan H. Paschell (Print Name of lobbyist)		



STATE OF NEW HAMPSHIRE Lobbyist Fees and Expenses Addendum A

(RSA Chapter 15:6

I. Name of Lobbyist(s)					
Susan H. Paschell ; James P. Monahan					
II. Name of lobbyist's partnership, firm or corporation, if any: The Dupont Group					
III. Name of Client Community Behavioral Health Association	Date 10/25/2017				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above t including fees for services such as public advocacy, government relations, or p legislation, and related legal work. The gross fee amount reported shall not be	ublic relations services including research, monitoring				
a) Total of all fees received in this reporting period	a) \$12,000				
b) Total of all fees received this calendar year, prior to this reporting period	b) \$24,000				
(This should equal the total of all prior monthly reports for this calendar year)					
c) Total of all fees received to date (Add lines a and b)	c) \$36,000				
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0				
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report reports are to be filed for expenditures made relative to each client and if expenditures of expenses of expenses: (a) the aggregate total of all expenses paid during the respective expenses; (b) the aggregate total of all individual expenses where the expurchased during a business lunch where the cost was \$25.00 or less, purchase the person being lobbied, purchase of a ceremonial object given to a person be itemized statement of each individual expenditure made during this reporting provered by (a) (for example: purchase of a meal with value of greater than \$25 subject of lobbying with a value greater than \$25, but not greater than \$50, response for honorariums, expense reimbursement, or political contributions will be reported.	miditures are made by the lobbyist(s)/firm that are m. Expenses are to be reported in one of three eporting period for salaries, benefits, support staff, and penditure was of \$25.00 or less (for example: meals of a pen with a value of less than \$10 that is given to ing lobbied with a value of \$25.00 or less); and (c) an period of greater than \$25.00 for any purpose not so purchase of a ceremonial object to be given to the taurant expenses for a legislative reception). Expenses				
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$				

b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	
d) Total expenses for this reporting period (Add lines a, b and c)	d) \$	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	
f) Total of all expenses year to date	f) \$	
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from whom paid or to whom charged.	lobbying fees during this reporting period, including b	
Paid to: Amount:	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that best of my knowledge and belief.	the foregoing information is true and complete to the	
pusaut. Paschell		
10/25	/2017	
(Signature of lobbyist) (Date)	(Date)	
Susan H. Paschell		
(Print Name of lobbyist)		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affi Statement of Income	• •		
Name of Lobbying part	nership, firm, or corpora	tion: The Dupont G	roup
Name of Client (leave l	olank if Statement is for t	the partnership, firm, or corpor	ration and not related to any particular
client): Community I	Behavioral Health Assoc	ciation	
Date of Report (check	one):		
April 26, 2017 🔲	July 26, 2017	October 25, 2017 X	January 31, 2018 □
		Statement of Income and Expe ment (insert the number of Ad	nses described above, and the dendum forms being submitted):
l Addendum A(s).			
0 Addendum B(s).			
0Addendum C(s).			
I hereby swear or affirm the best of my knowled		mation on the Statement and e	ach Addendum is true and complete to
of the	an a salamin		
(Signature of lobbyist)		10/25/	
(Signature of lobby1st)		(Date)	
James P. Monahan			
(Print Name of lobbyist	t)		